2018-2019 OTHER UNTAXED INCOME WORKSHEET

Name: ________________________________________        CWID: ____________________________________
(Please Print Clearly)

There is a discrepancy between the other untaxed income you reported on your FAFSA and the untaxed income you reported on your Verification worksheet. Other untaxed income would include such things as workers compensation, disability payments, first time home buyers credit (Line 67 on 1040), etc.

Common errors on the untaxed income are items that are NOT to be included such as: Social Security Benefits, Supplemental Security Income, Unemployment Benefits, welfare payments, Earned Income Credits, Child Tax Credit, Educational benefits, student aid, flexible spending arrangements, foreign income exclusions or credits for federal tax on special fuels.

Please complete the below section and return to the Financial Aid Office.

SECTION A: Please Check the Box that Applies:

☐ I or my spouse, (if married), have untaxed income for 2016.

☐ My Parent(s) have untaxed income for 2016. (Dependent Students Only)

☐ Neither I nor my parent(s) have untaxed income for 2016.

SECTION B: If you have untaxed income please complete the below section and provide proof of income.

Name of Person(s) who received the untaxed income: ____________________________________________

Relationship to the Student (circle one):   Self      Spouse      Mother/Step Mother      Father/Step Father

Type of Untaxed Income: _____________________________________________________________
__________________________________________________________________________________

Total Amount of Untaxed Income for 2016: $______________________________

SECTION C: Signatures

By signing this worksheet, we certify that all the information is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Print Student Name ____________________________  Student Signature ____________________________  Date ____________

Print Parent Name (If Dependent Student) ____________________________  Parent Signature (If Dependent Student) ____________________________  Date ____________